

Office Visits	Reimbursable CPT Codes		
Office Visit	G0101	99211	99385
Includes height, weight, two blood pressures, clinical breast exam, pelvic exam and Pap test collection, or any combination of those services	99201	99212	99386
	99202	99213	99387
	99203	99214	99395
	99204	99215	99396
	99205		99397

Breast Screening and Diagnostic Services	Reimbursable CPT Codes		
Bilateral Screening Mammography			
Includes reimbursement for:			
- Screening mammography, bilateral (two view film study of each breast)		77057	
- Screening mammography, producing direct digital image, bilateral all views		G0202	
Diagnostic Mammography			
Includes reimbursement for unilateral or bilateral:			
- Diagnostic mammography	77055		77056
- Diagnostic mammography, producing direct digital image	G0204		G0206
Computer-Aided Detection paid using non-federal funds while available			
- Screening mammography		77051	
- Diagnostic mammography		77052	
Anesthesia			
- Includes reimbursement for anesthesia personnel time only		00400	
Breast Ultrasound		76641	
Includes reimbursement for bilateral and unilateral		76642	
Puncture Aspiration of Breast Cyst		19000	
Includes reimbursement for single cyst aspiration and for each additional cyst		19001	
Needle Core Biopsy with Stereotactic Localization			
Includes reimbursement for localization procedure, needle core biopsy (including vacuum or imaging guidance) and radiologist fee for the procedure		19100	
Incisional Breast Biopsy with Needle Localization			
Includes reimbursement for:		19101	
- open, incisional			
Biopsy, breast			
Includes reimbursement for:			
- Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion		11100	
- Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion		11101	
- with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; including			
stereotactic guidance	19081		19082
ultrasound guidance	19083		19084
magnetic resonance guidance	19085		19086
- with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; including			
mammographic guidance	19281		19282
stereotactic guidance	19283		19284
ultrasound guidance	19285		19286
magnetic resonance guidance	19287		19288

Breast Screening and Diagnostic Services	Reimbursable CPT Codes		
Fine Needle Aspiration Includes reimbursement for:			
- Preparation, screening, and interpretation of Fine Needle Aspiration (FNA) Without imaging guidance	10021	88104	88160
With imaging guidance	10022		88161
- Evaluation of FNA for specimen adequacy		88172	
- Evaluation, interpretation and report for FNA		88173	
Surgical Pathology - Breast Includes reimbursement for:		88305	
- Breast Biopsy		88307	
Pathology Consultation During Surgery Includes reimbursement for:			
- tissue block, with frozen section, single specimen	88329		88332
- each additional tissue block with frozen section	88331		
Mammaary ductogram or galactogram, multiple ducts, radiological supervision and interpretation		77053	
Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral and bilateral Preauthorization required - Contact: 515.242.6200	77058		77059
Excisional Breast Biopsy with Needle Localization - Excision of a single breast lesion identified by a radiological marker		19125	
- Excision of each additional breast lesion identified by a radiological marker		19126	
- Excision of a cyst, fibroadenoma, or other benign or malignant tumor		19120	
aberrant breast tissue, duct lesion or nipple lesion			
- Radiological examination of the surgical specimen		76098	
- Ultrasonic Guidance for Needle Placement		76942	
Includes reimbursement for imaging, supervision and interpretation			
Immunohistochemistry or Immunocytochemistry Includes reimbursement for:	88341	88360	88365
- single antibody and each additional antibody stain	88342	88361	88367
- Morphometric analysis manual and computer-assisted technology	88343		

Cervical Screening and Diagnostic Services	Reimbursable CPT Codes		
Pap Test (Performed following IA Care for Yourself Program protocol)	88141	88174	G0145
	88142	88175	G0147
	88143	G0123	G0148
<i>If Pap test is performed, the collection of the Pap is included in the office visit reimbursement. The woman is not to be billed for the collection or handling of the Pap.</i>	88147	G0124	P3000
	88148	G0141	P3001
	88164	G0143	
	88165	G0144	
Papillomavirus, human, amplified probe technique Reimbursement for High Risk only		87624	
Colposcopy	57420		57455
Without Biopsy	57421		57456
With Biopsy	57452		57460**
** For diagnostic purposes only for women with Pap test results of HSIL or AIS	57454		57461**
Preauthorization required - Contact: 515.242.6200			

Cervical Screening and Diagnostic Services	Reimbursable CPT Codes
Cervical Biopsy Includes reimbursement for biopsy of single or multiple lesions Cold knife or laser conization biopsy Loop electrode excision procedure (LEEP) conization biopsy ** For diagnostic purposes only for women with Pap test results of HSIL or AIS Preauthorization required - Contact: 515.242.6200	57500 57520** 57522**
Endocervical Curettage (Not done as part of a dilation and curettage) *** Endometrial Sampling (Biopsy) - Method of collection, i.e., D & C or hysteroscopy, not reimbursed by this program ***For diagnostic purposes only for women with Pap test results of AGC Preauthorization required - Contact: 515.242.6200	57505 58100*** 58110***
Surgical Pathology - Cervix Includes reimbursement for: - Cervical Biopsy - Endocervical Curetting/Biopsy	88305 88307
Pathology Consultation During Surgery Includes reimbursement for: - tissue block, with frozen section, single specimen - each additional tissue block with frozen section	88329 88332 88331

Cardiovascular Screening Services	Reimbursable CPT Codes
Collection of venous blood by venipuncture	36415
Cardiovascular Disease Risk Screening Lipid Includes reimbursement for: - Lipid panel (only after nine-hour fast) - Lipid panel (CLIA waived) (only after nine-hour fast)	80061 80061 QW
Glucose Includes reimbursement for: - Glucose: quantitative, blood (except reagent strip)(only after nine-hour fast) - Glucose: quantitative, blood (except reagent strip)(only after nine-hour fast) - Glucose; quantitative, blood reagent strip	82947 82947 QW 82948
Glycosylated Hemoglobin Includes reimbursement for: - Hemoglobin; glycosylated (HbA1c) - Hemoglobin; glycosylated (HbA1c)(CLIA waived)	83036 83036 QW

Reimbursement Guidelines
➡ By signing the Cooperative Agreement with the Iowa Department of Public Health and the Iowa <i>Care for Yourself</i> Program, a provider facility agrees to accept reimbursement for the above CPT codes at the current Medicare Part B Participating Provider reimbursement rate as payment in full.
➡ As directed in Federal legislation, the Care for Yourself Program is the payor of last resort . Insurance must be billed prior to submitting a claim to the CFY Program. A provider facility may then submit a claim to the CFY Program for reimbursable services costs not covered by insurance.
➡ Provider facilities may not bill CFY program participants for costs associated with the above CPT codes.